

M19000006033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

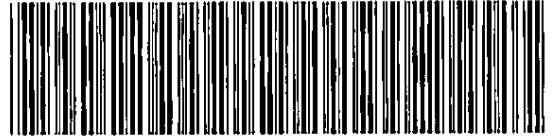
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUN 20 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUN 21 2019

M. SOLOMON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 816177 8265146

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : June 20, 2019

ORDER TIME : 3:23 PM

ORDER NO. : 816177-010

CUSTOMER NO: 8265146

FOREIGN FILINGS

NAME: COMPREHENSIVE HEALTH SERVICES,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMPREHENSIVE HEALTH SERVICES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KELLY MCINTYRE

Name of Person

CALIBURN INTERNATIONAL, LLC (PARENT COMPANY)

Firm/Company

10701 PARKRIDGE BLVD, SUITE 200

Address

RESTON, VA 20191

City/State and Zip Code

kelly.mcintyre@caliburnintl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KELLY MCINTYRE

at (703)

261-0374

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. COMPREHENSIVE HEALTH SERVICES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 52-1044628

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8810 Astronaut Blvd

(Street Address of Principal Office)

6. 8810 Astronaut Blvd

(Mailing Address)

Cape Canaveral, FL

Cape Canaveral, FL

32920

32920

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

32301

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Corporation Service Company

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

2019 JUN 20 AM 10:54
CLERK OF STATE
TALLAHASSEE, FLORIDA

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Jim Van Dusen

☐ Member Address: 10701 Parkridge Blvd, Ste 200

☒ Authorized Reston, VA 20191

Person _____

☐ Other CEO ☐ Other _____

☐ Manager Name: Celeste Gushee

☐ Member Address: 8810 Astronaut Blvd

☒ Authorized Cape Canaveral, FL

Person 32920

☐ Other Secretary ☐ Other _____

☐ Manager Name: Dan Jones

☐ Member Address: 8810 Astronaut Blvd

☒ Authorized Cape Canaveral, FL

Person 32920

☐ Other Sr Vice President ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Jim Kempton

☐ Member Address: 10701 Parkridge Blvd, Ste 200

☒ Authorized Reston, VA

Person 20191

☐ Other CFO ☐ Other _____

☐ Manager Name: Kelly McIntyre

☐ Member Address: 10701 Parkridge Blvd, Ste 200

☒ Authorized Reston, VA

Person 20191

☐ Other Senior Counsel ☐ Other _____

☐ Manager Name: William King

☐ Member Address: 10701 Parkridge Blvd, Ste 200

☒ Authorized Reston, VA

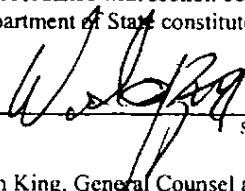
Person 20191

☐ Other General Counsel ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Signature of an authorized person
 William King, General Counsel and Secretary

 Typed or printed name of signee

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 2018 JUN 20 AM 10:54
 DEPT. OF STATE
 PALM BEACH COUNTY

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPREHENSIVE HEALTH SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPREHENSIVE HEALTH SERVICES, LLC" WAS FORMED ON THE FIRST DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6867604 8300

SR# 20195567840

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203068438

Date: 06-20-19